NOMINATION / APPLICATION FORM
MASTER OF HOSPITAL ADMINISTRATION
2020-22

(To be filled in by the nominee / applicant in capital letters)

NAME & Surname: ____________________________

Gender: M ☐ F ☐ Age: _________ Date of Birth: _________ Nationality: ____________

ACADEMIC BACKGROUND

<table>
<thead>
<tr>
<th>Level of academic qualification</th>
<th>Name of the Degree</th>
<th>Subject/Stream</th>
<th>Board/University</th>
<th>College/Institution of Affiliation</th>
<th>Year of Passing</th>
<th>Final Percentage/Grade/class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class X</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class XII</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors/Undergraduate Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters/Post Graduate Degree or any other equivalent qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any additional Qualification/Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PG ENTRANCE
Have you given any PG entrance exam? Yes ☐ No ☐
• If answered yes to previous question
  o Full name of entrance exam ____________________________
  o Year of appearance in exam ____________
  o State (if specific to any state) ______________________
  o Score (percentage/percentile) ____________

WORK EXPERIENCE* (Internship not to be counted in experience)
Total work experience in years: __________________________

<table>
<thead>
<tr>
<th>Duration of Employment</th>
<th>Name of Organization</th>
<th>Designation</th>
<th>Roles/Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*To be submitted by relevant certificate clearly mentioning the duration of work.
LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (Including publications/ presentation)

EXTRA CURRICULAR ACTIVITIES

Do you belong to SC/ST/OBC/PH?: Yes/ No
(If Yes, please specify category ______________________, please attach self-attested copy of the certificate)

ENCLOSURES: (Please do not send any original certificates-they are to be produced only at the time of personal interview):

- Application fee of Rs.500/- (US$10 for international & SAARC candidates) drawn on Indian Institute of Public Health Gandhinagar to be paid along with the application form. (send your payment Ref. No & Receipt No. on contact@iiphg.org)
- Necessary copies of all academic statements from class X onwards and PG entrance exam results
- Copy of resume/ curriculum vitae
- Contact details of three referees: two academic + one professional (if some work experience)
- Statement of purpose (This needs to be a 250-500-word summary, written completely by the candidate, stating professional goals and career plans, including plans and expectations in pursuing MHA Programme)

Payment options: (A/C Holder Name: Indian Institute of Public Health Gandhinagar; Bank Name: HDFC, Bank Ltd.; Branch Name: Infocity, Gandhinagar, Gujarat, INDIA, A/C No.: 50100157403005, IFSC Code: HDFC0002497, BIC/Swift Code: HDFCINBBXXX) / demand draft / cheque payable at par at Ahmedabad

"THE LAST DATE FOR ACCEPTING APPLICATIONS IS 31st May 2020.

Source of information about MHA Course in IIPHG: ____________________________________________

APPLICANT'S ADDRESS
FOR COMMUNICATION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CITY: ____________________________________________
COUNTRY: ____________________________________________
PINCODE: ____________________________________________

PHONE (Residence): ____________________________
FAX: ____________________________________________
MOBILE: ____________________________________________
EMAIL: ____________________________________________

Date: ____________________________ Signature ____________________________

Nomination / Application form with required documents should be posted to:

Assistant Registrar (Academic Programs)

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
University established under IIPHG Act 2015 of Gujarat State
Opposite Air Force Head Quarters, Near Lekawada Bus stop,
Gandhinagar-Chiloda Road, Lekawada, CRPF.P.O, Gandhinagar - 382042, Gujarat, INDIA
Phone No: 079-66740700; E-mail: mha_admission@iiphg.org, contact@iiphg.org
URL: www.iiphg.edu.in, www.phfi.org,